

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Council of Life Insurers Political Action Committee

ADDRESS (number and street) ▼

101 Constitution Ave., NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00147066

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
09 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer

Mr. Donald L. Walker

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 19 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
09 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">620787.98</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">601076.64</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">53738.06</span>	<span style="border: 1px solid black; padding: 2px;">428031.72</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">654814.70</span>	<span style="border: 1px solid black; padding: 2px;">1048819.70</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">58500.00</span>	<span style="border: 1px solid black; padding: 2px;">452505.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">596314.70</span>	<span style="border: 1px solid black; padding: 2px;">596314.70</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 09 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

36833.28

222345.83

(ii) Unitemized .....

4404.78

26185.89

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

41238.06

248531.72

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

12500.00

179000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

53738.06

427531.72

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

500.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

53738.06

428031.72

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

53738.06

428031.72

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58500.00	452500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	5.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	58500.00	452505.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58500.00	452505.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	53738.06	427531.72
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	53738.06	427526.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Tommie Brooks**

Mailing Address 3126 211th Ave NE

City

Sammamish

State

WA

Zip Code

98074-6331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Symetra Financial Corporation

Occupation

Chief Actuary, SVP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	5		

Transaction ID : 67770693

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ted M Johnson**

Mailing Address 3107 SW 31st Place

City

Des Moines

State

IA

Zip Code

50321-1954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Equity Investment Life Insura

Occupation

CFO &amp; Treasurer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	5		

Transaction ID : 67770694

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Bruce D Cheek**

Mailing Address 6030 Gear St

City

Prole

State

IA

Zip Code

50229-9044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Equity Investment Life Insura

Occupation

EVP &amp; COO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	5		

Transaction ID : 67770695

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. David J. Noble**

Mailing Address 6000 Weston Parkway  
Suite 440

City State Zip Code  
West Des Moines IA 50266-7711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Equity Investment Life Insura

Occupation  
Chr, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 08 / 2015

**Transaction ID : 67770696**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Jeff Lorenzen**

Mailing Address 5200 Woodland Ave

City State Zip Code  
Des Moines IA 50312-1944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Equity Investment Life Insura

Occupation  
Chief Investment Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 08 / 2015

**Transaction ID : 67770950**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Ron J Grensteiner**

Mailing Address 4637 91st St

City State Zip Code  
Urbandale IA 50322-6236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Equity Investment Life Insura

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 08 / 2015

**Transaction ID : 67770952**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John M Matovina**

Mailing Address 6524 NW 93rd St

City

Johnston

State

IA

Zip Code

50131-2954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Equity Investment Life Insura

Occupation

CEO & President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

09 / 08 / 2015

Transaction ID : 67770954

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Dennis L. Johnson FLMI, CLU**

Mailing Address 926 W. Oakhampton Drive

City

Eagle

State

ID

Zip Code

83616-6744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United Heritage Life Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

09 / 08 / 2015

Transaction ID : 67770965

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**c. Mr. Michael G. DeKoning**

Mailing Address 56 Perimeter Center East  
Suite 5000

City

Atlanta

State

GA

Zip Code

30346-2296

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Munich American Reassurance Company

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

09 / 08 / 2015

Transaction ID : 67770966

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 9 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. William R Kunkel**

Mailing Address 421 Blackstone

City

La Grange

State

IL

Zip Code

60525-6101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Equity Investment Life Insura

Occupation

EVP &amp; General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	8		2	0	1	5		

Transaction ID : 67774734

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Debbie Richardson**

Mailing Address 3420 East 38th Street

City

Des Moines

State

IA

Zip Code

50317-5810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Equity Investment Life Insura

Occupation

Executive Vice President &amp; Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	8		2	0	1	5		

Transaction ID : 67774740

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Evertt W Kunzelman**

Mailing Address 1200 Jorie Blvd

City

Oak Brook

State

IL

Zip Code

60523-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mutual Trust Life Insurance Company

Occupation

VP &amp; Executive UW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8	2	0	1	5		

Transaction ID : 67774741

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Kevin T Reynolds**

Mailing Address 600 Dresher Road

City

Horsham

State

PA

Zip Code

19044-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Penn Mutual Life Insurance Company, Th

Occupation

Chief Legal Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 29 / 2015

**Transaction ID : 68131098**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Jean-Francois Poulin**

Mailing Address 1787 Sentry Parkway West  
Suite 420

City

Blue Bell

State

PA

Zip Code

19422-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

London Life Reinsurance Company

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

09 / 29 / 2015

**Transaction ID : 68131101**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Eugene Choate**

Mailing Address 4370 Peachtree Road, NE

City

Atlanta

State

GA

Zip Code

30319-3054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bankers Fidelity Life Insurance Compan

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 29 / 2015

**Transaction ID : 68131103**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jonathan Renfrew**

Mailing Address 101 Constitution Ave, NW  
Suite 705 East

City Washington State DC Zip Code 20001-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Guardian Life Insurance Company of Ame

Occupation

Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : 68131104**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr Bradford Leigh Hewitt**

Mailing Address 110 Peninsula Rd.

City Medicine Lake State MN Zip Code 55441-4112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thrivent Financial For Lutherans

Occupation

CEO & President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : 68131106**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Jennifer Mullin**

Mailing Address 10710 Greenspring Ave.

City Lutherville State MD Zip Code 21093-3602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : 68131107**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. D.J. Saltsman**

Mailing Address 3852 Hallman Avenue

City State Zip Code  
Collegeville PA 19426-1026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Canada Life

Occupation

Vice President, A&H

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2015

**Transaction ID : 68135056**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Raymond J. Hazel**

Mailing Address 7 Daydilly Court

City State Zip Code  
Wilmington DE 19808-1951

FEC ID number of contributing  
federal political committee.

C

Name of Employer

London Life Reinsurance Company

Occupation

Sr. V.P. Finance & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 29 / 2015

**Transaction ID : 68135112**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mr. Gary T. Huffman**

Mailing Address 187 Congress Run Road

City State Zip Code  
Cincinnati OH 45215-5001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio National Life Insurance Company P

Occupation

President & Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

09 / 02 / 2015

**Transaction ID : 68172908**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Paige S Freeman**

Mailing Address 988 Wildwood Rd NE

City  
Atlanta

State  
GA

Zip Code  
30306-3015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Munich American Reassurance Company

Occupation

SVP and General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 02 / 2015

**Transaction ID : 68172959**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Donald L. Walker**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

SVP, Administration & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR1156427142982**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Mandana Parsazad**

Mailing Address 1914 Horse Shoe Drive

City  
Vienna

State  
VA

Zip Code  
22182-3755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Counsel, Taxes & Retirement Sec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR1481799842982**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Scott E. Smith**

Mailing Address 19 Cardinal Way

City

South Windsor

State

CT

Zip Code

06074-3745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

Senior Vice President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR150355342982

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Kathleen F. Kiernan**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City

Washington

State

DC

Zip Code

20001-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Sr. Counsel, State Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR1728112742982

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Ms. Carolyn C. Cobb**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2135.69

Date of Receipt

09 / 30 / 2015

Transaction ID : PR1821819642982

Amount of Each Receipt this Period

237.30

P/R Deduction (\$118.65 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

437.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. The Honora Dirk A. Kempthorne**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3749.94

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR1871324542982**

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Lisa Smith**

Mailing Address 800 North Magnolia Ave.  
Suite 1400

City Orlando State FL Zip Code 32803-3248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hannover Life Reassurance Company of A

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR1871488842982**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. Brian Waidmann**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR1872428342982**

Amount of Each Receipt this Period

400.00

P/R Deduction (\$200.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

856.66

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Peter J. Bautz**Mailing Address 101 Constitution Ave, NW  
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Taxes and Retirement S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR1903849842982**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Jim Pyc**

Mailing Address 9124 MidPines Court

City	State	Zip Code
Orlando	FL	32819-4307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hannover Life Reassurance Company of A

Occupation

EVP, financial Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR194888442982**

Amount of Each Receipt this Period

24.00

P/R Deduction (\$12.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. William R Hobbs**

Mailing Address 13005 Windsor Circle

City	State	Zip Code
Leawood	KS	66209-1793

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fidelity Security

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR1964225742982**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

114.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 17 OF 44  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Anita Peduzzi**
 Mailing Address 101 Constitution Avenue  
 Suite 700 W

City	State	Zip Code
Washington	DC	20001-2146

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

PAC Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR1978714942982

Amount of Each Receipt this Period

83.34

P/R Deduction (\$41.67 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Joshua T. Mauthe**

Mailing Address 2210 12th St NW

City	State	Zip Code
Washington	DC	20009-4404

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Meeting Planner-Special Projects Coord

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR1978715642982

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Seaver J. J Sowers**

Mailing Address 101 Constitution Avenue NW

City	State	Zip Code
Washington	DC	20001-2140

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2018796042982

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Maria Lauterette**

Mailing Address 800 N Magnolia Avenue  
Suite 1400

City State Zip Code  
Orlando FL 32803-3248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hannover Life Reassurance Company of A

Occupation

VP, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2019035342982

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Jessica M. M Hanson**

Mailing Address 1707 Prince St.  
#2

City State Zip Code  
Alexandria VA 22314-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2023274642982

Amount of Each Receipt this Period

83.40

P/R Deduction (\$41.70 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mariana E. E Gomez**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2122881842982

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

193.40

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Emily C. C Micale**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2122882042982

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. James Szostek**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2122891042982

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Ian F. F Steger**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Legislative Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2160513742982

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

### A. Bruce Friedland

Mailing Address 200 Day Hill Road

City

Windsor

State

CT

Zip Code

06095-1779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

SVP & Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2285776942982

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

### B. Gail Lataille

Mailing Address 256 Stanley Dr

City

Glastonbury

State

CT

Zip Code

06033-2622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

SVP & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2285777142982

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

### C. Edmund Mahoney

Mailing Address 20 Northgate

City

Simsbury

State

CT

Zip Code

06070-1021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2285777342982

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Craig Simms**

Mailing Address 200 Day Hill Road

City

Windsor

State

CT

Zip Code

06095-1779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

SVP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0				2	0	1	5

**Transaction ID : PR228577742982**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Richard Spencer, III**

Mailing Address 4300 Carriage Ct

City

Kensington

State

MD

Zip Code

20895-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baltimore Life Insurance Company

Occupation

VP &amp; Controller

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0				2	0	1	5

**Transaction ID : PR2285778242982**

Amount of Each Receipt this Period

22.00

P/R Deduction (\$11.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Peter Tedone**

Mailing Address 32 Lincoln Lane

City

Weatogue

State

CT

Zip Code

06089-9780

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

President &amp; CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

395.20

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0				2	0	1	5

**Transaction ID : PR2285778842982**

Amount of Each Receipt this Period

41.60

P/R Deduction (\$20.80 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

103.60

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Larry D. D. Burton**Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015**Transaction ID : PR2348687342982**

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. Gary E. Hughes**Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Executive Vice President &amp; General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3299.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015**Transaction ID : PR771358242982**

Amount of Each Receipt this Period

366.62

P/R Deduction (\$183.31 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Ms. Linda H. Cunningham**Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Conference Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1076.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015**Transaction ID : PR771362442982**

Amount of Each Receipt this Period

119.66

P/R Deduction (\$59.83 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

902.94

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Damian Salvi**

Mailing Address 10075 Red Run Boulevard

City

Owings Mills

State

MD

Zip Code

21117-4865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baltimore Life Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR771364142982**

Amount of Each Receipt this Period

24.00

P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. John F. Dolan**

Mailing Address 101 Constitution Ave, NW  
Suite 700 West

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR771365442982**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. J. Bruce Ferguson**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2847.97

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR771373242982**

Amount of Each Receipt this Period

316.44

P/R Deduction (\$158.22 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.44



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 24 OF 44  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mr. David M. Leifer**
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President &amp; Associate General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1598.23

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR771374042982

Amount of Each Receipt this Period

177.58

P/R Deduction (\$88.79 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. James D. Hall**
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR771374342982

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**c. Mr. C. Bryan Cox**
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.25

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR771376842982

Amount of Each Receipt this Period

60.14

P/R Deduction (\$30.07 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

267.72



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. John W. Mangan CEBS**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : PR771377142982**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. Paul S. S. Graham III**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

SVP, Insurance Regulation & Chief Actu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : PR771412642982**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. Morris R. Goff**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1877.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : PR771419342982**

Amount of Each Receipt this Period

208.58

P/R Deduction (\$104.29 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

448.58

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Brenda S. Nation**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR771419942982**

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Ms. Debra K. West**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR771421042982**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Lovendusky**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR771421142982**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Jeffry J. Janoska**

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Policy Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.41

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR771423142982**

Amount of Each Receipt this Period

25.60

P/R Deduction (\$12.80 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Ms. Lisa J. Tate**

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

VP, Litigation & Assoc. Gen. Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR771423242982**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. John P. John P. Gerni**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR771428742982**

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

255.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. David C. Turner**Mailing Address 101 Constitution Ave, NW  
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

EVP, Chief of Staff &amp; Corp. Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2497.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR771428942982**

Amount of Each Receipt this Period

277.46

P/R Deduction (\$138.73 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. Kynondo Lewis**Mailing Address 101 Constitution Ave, NW  
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Legal Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR771439642982**

Amount of Each Receipt this Period

23.76

P/R Deduction (\$11.88 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Ms. Alane R. Dent**Mailing Address 101 Constitution Ave, NW  
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR771444342982**

Amount of Each Receipt this Period

203.76

P/R Deduction (\$101.88 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

504.98

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Thomas Scott Dixon

Mailing Address 101 Constitution Avenue NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR771444942982

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Andrew M. Melnyk

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Managing Director, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.87

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR771445842982

Amount of Each Receipt this Period

42.54

P/R Deduction (\$21.27 Semi-Monthly)

Full Name (Last, First, Middle Initial)

c. Ms. Julie A. Spiezio

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR771449642982

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

182.54

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. John K. Bruins**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Senior Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.68

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : PR771450142982**

Amount of Each Receipt this Period

35.52

P/R Deduction (\$17.76 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. Maurice A. Perkins**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3749.94

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : PR805149142982**

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. Wayne A. Mehlman**

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Counsel, Insurance Regulation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : PR904819542982**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

502.18

36833.28

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 44

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Nationwide Mutual Insurance Co. Financial & Investments PAC**

Mailing Address One Nationwide Plaza  
1-32-301

City State Zip Code  
Columbus OH 43215

FEC ID number of contributing  
federal political committee.

**C** C00406215

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**09 / 23 / 2015**

**Transaction ID : 67770970**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Liberty Mutual Insurance Company - PAC**

Mailing Address 175 Berkeley Street

City State Zip Code  
Boston MA 02117

FEC ID number of contributing  
federal political committee.

**C** C00171843

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**09 / 30 / 2015**

**Transaction ID : 68135823**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. Ohio National Financial Services Inc. PAC**

Mailing Address One Financial Way

City State Zip Code  
Cincinnati OH 45242

FEC ID number of contributing  
federal political committee.

**C** C00296657

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**09 / 02 / 2015**

**Transaction ID : 68172907**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12500.00

12500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Fearless PAC**

Mailing Address PO Box 37

City	State	Zip Code
Boulder	CO	80306

Purpose of Disbursement  
Political Contribution

Candidate Name

**Fearless PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2015

**Transaction ID : 67533647**

Amount of Each Disbursement this Period

2000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**B. Schock For Congress**

Mailing Address PO Box 10555

City	State	Zip Code
Peoria	IL	61612

Purpose of Disbursement  
Void - Schock For Congress check issued 02/23/15

Candidate Name

**Rep. Aaron Schock**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 18

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

**Transaction ID : 67550195**

Amount of Each Disbursement this Period

-2500.00
----------

Void - Schock For Congress check issued 02/23/15

Full Name (Last, First, Middle Initial)

**C. Charles Boustany Jr Md For Congress Inc**

Mailing Address Post Office Box 80126

City	State	Zip Code
Lafayette	LA	70598

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Charles Boustany Jr.**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: LA District: 03

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748482**

Amount of Each Disbursement this Period

1000.00
---------

Political Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tom Reed For Congress**

Mailing Address P.O. Box 10847

City  
RochesterState  
NYZip Code  
14610Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. Tom Reed**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

**Transaction ID : 67748483**

Amount of Each Disbursement this Period

5000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**B. Terri Sewell For Congress**

Mailing Address P.O. Box 1964

City  
BirminghamState  
ALZip Code  
35201Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. Terri Sewell**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

**Transaction ID : 67748537**

Amount of Each Disbursement this Period

1500.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**C. Ron Johnson For Senate Inc**Mailing Address 219 E Washington Ave  
Suite 101City  
OshkoshState  
WIZip Code  
54901Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Sen. Ron Johnson**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

**Transaction ID : 67748539**

Amount of Each Disbursement this Period

1000.00
---------

Political Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. French Hill For Arkansas**

Mailing Address PO Box 7841

City  
Little RockState  
ARZip Code  
72217Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. French Hill**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748543**

Amount of Each Disbursement this Period

2500.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**B. Lisa Murkowski For Us Senate**

Mailing Address PO Box 100847

City  
AnchorageState  
AKZip Code  
99510Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Sen. Lisa Murkowski**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AK

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748665**

Amount of Each Disbursement this Period

2000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**C. George Holding For Congress Inc.**

Mailing Address PO Box 97187

City  
RaleighState  
NCZip Code  
27624Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. George Holding**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748668**

Amount of Each Disbursement this Period

2500.00
---------

Political Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Jim Clyburn**

Mailing Address PO Box 12567

City	State	Zip Code
Columbia	SC	29211

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. James Clyburn**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: SC	District: 06

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748676**

Amount of Each Disbursement this Period

2000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**B. Kathleen Rice For Congress**

Mailing Address PO Box 744

City	State	Zip Code
Mineola	NY	11501

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Kathleen Rice**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NY	District: 04

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748693**

Amount of Each Disbursement this Period

1000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**C. Ben Sasse For Us Senate Inc**

Mailing Address PO Box 1976

City	State	Zip Code
Fremont	NE	68026

Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. Ben Sasse**

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: NE	District:

Disbursement For: 2020
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748696**

Amount of Each Disbursement this Period

2000.00
---------

Political Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lucas for Congress**

Mailing Address Post Office Box 1726

City	State	Zip Code
Oklahoma City	OK	73101

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Frank Lucas**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: OK	District: 03

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748787**

Amount of Each Disbursement this Period

1000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**B. Maloney For Congress**

Mailing Address 49 East 92nd Street

City	State	Zip Code
New York	NY	10128

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Carolyn Maloney**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NY	District: 12

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748788**

Amount of Each Disbursement this Period

1000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**C. Robert Hurt For Congress**

Mailing Address PO Box 8

City	State	Zip Code
Chatham	VA	24531

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Robert Hurt**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: VA	District: 05

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748789**

Amount of Each Disbursement this Period

2500.00
---------

Political Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andy Barr For Congress, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Mailing Address PO Box 2059

City	State	Zip Code
Lexington	KY	40588

**Transaction ID : 67748790**Purpose of Disbursement  
Political Contribution

011

Amount of Each Disbursement this Period

4000.00
---------

Candidate Name

**Rep. Andy Barr**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KY District: 06

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Political Contribution

Full Name (Last, First, Middle Initial)

**B. People For Patty Murray**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Mailing Address PO Box 3662

City	State	Zip Code
Seattle	WA	98124

**Transaction ID : 67748792**Purpose of Disbursement  
Political Contribution

011

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**Sen. Patty Murray**Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: WA District:

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Political Contribution

Full Name (Last, First, Middle Initial)

**C. Katko For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Mailing Address PO Box 133

City	State	Zip Code
Camillus	NY	13031

**Transaction ID : 67748793**Purpose of Disbursement  
Political Contribution

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. John Katko**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 24

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Political Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mcsally For Congress**

Mailing Address PO Box 19128

City Tucson	State AZ	Zip Code 85731
----------------	-------------	-------------------

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Martha McSally**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748794**

Amount of Each Disbursement this Period

1000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**B. Huizenga For Congress**

Mailing Address P.O. Box 254

City Zeeland	State MI	Zip Code 49464
-----------------	-------------	-------------------

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Bill Huizenga**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748795**

Amount of Each Disbursement this Period

2000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**C. Jason Smith For Congress**

Mailing Address PO Box 1324

City Cape Girardeau	State MO	Zip Code 63702
------------------------	-------------	-------------------

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Jason Smith**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748796**

Amount of Each Disbursement this Period

2000.00
---------

Political Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst	State NY	Zip Code 11373
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Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. Joseph Crowley**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748797**

Amount of Each Disbursement this Period

2000.00
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Political Contribution

Full Name (Last, First, Middle Initial)

**B. Kaine For Virginia**

Mailing Address 1751 Potomac Greens Drive

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Sen. Tim Kaine**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748872**

Amount of Each Disbursement this Period

3000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**C. John Lewis for Congress**

Mailing Address P.O. Box 2323

City Atlanta	State GA	Zip Code 30301
-----------------	-------------	-------------------

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. John Lewis**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748873**

Amount of Each Disbursement this Period

2000.00
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Political Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Neugebauer Congressional Committee**

Mailing Address PO Box 54175

City Lubbock	State TX	Zip Code 79453
-----------------	-------------	-------------------

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. Robert Neugebauer**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748874**

Amount of Each Disbursement this Period

1000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**B. Neugebauer Congressional Committee**

Mailing Address PO Box 54175

City Lubbock	State TX	Zip Code 79453
-----------------	-------------	-------------------

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. Robert Neugebauer**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748875**

Amount of Each Disbursement this Period

500.00
--------

Political Contribution

Full Name (Last, First, Middle Initial)

**C. Randy Hultgren For Congress**

Mailing Address PO Box 717

City St. Charles	State IL	Zip Code 60174
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Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. Randy Hultgren**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748876**

Amount of Each Disbursement this Period

1000.00
---------

Political Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nancy Pelosi For Congress**Mailing Address 700 13th St NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Nancy Pelosi**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

**Transaction ID : 67748877**

Amount of Each Disbursement this Period

1000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Pat Toomey**Mailing Address 228 S Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. Pat Toomey**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

**Transaction ID : 67748878**

Amount of Each Disbursement this Period

1500.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**C. Stivers for Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Steve Stivers**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

**Transaction ID : 67748879**

Amount of Each Disbursement this Period

1000.00
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Political Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bennet For Colorado**

Mailing Address PO Box 3078

City	State	Zip Code
Denver	CO	80201

Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. Michael Bennet**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748880**

Amount of Each Disbursement this Period

1000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**B. Blaine For Congress**

Mailing Address PO Box 1025

City	State	Zip Code
Jefferson City	MO	65102

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Blaine Luetkemeyer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748882**

Amount of Each Disbursement this Period

2000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**C. Blaine For Congress**

Mailing Address PO Box 1025

City	State	Zip Code
Jefferson City	MO	65102

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Blaine Luetkemeyer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748883**

Amount of Each Disbursement this Period

1500.00
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Political Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Yoder For Congress, Inc**

Mailing Address PO Box 26742

City	State	Zip Code
Overland Park	KS	66225

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Kevin Yoder**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748885**

Amount of Each Disbursement this Period

500.00
--------

Political Contribution

Full Name (Last, First, Middle Initial)

**B. Kuster For Congress, Inc.**

Mailing Address P.O. Box 1498

City	State	Zip Code
Concord	NH	03302

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Ann Kuster**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748887**

Amount of Each Disbursement this Period

500.00
--------

Political Contribution

Full Name (Last, First, Middle Initial)

**C. Dold For Congress**

Mailing Address PO Box 6312

City	State	Zip Code
Libertyville	IL	60048

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Robert Dold**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748888**

Amount of Each Disbursement this Period

1000.00
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Political Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mike Kelly For Congress**

Mailing Address PO Box 476

City Lyndora	State PA	Zip Code 16045
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Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Mike Kelly**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 67748889**

Amount of Each Disbursement this Period

2500.00
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Political Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00
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58500.00
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